

ASSOCIATE MEMBERSHIP APPLICATION WATERFORD
FIRE DEPARTMENT & RESCUE SQUAD

APPLICANT INFORMATION

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address) (Apartment #)

(City) (State) (Zip)

How long at this address: _____ **Telephone #:** _____

If less than 6 months list previous address:

Social Security #: _____ **Date of Birth:** _____

Have you ever been convicted of a crime: including felony, misdemeanor and/or traffic offence? Yes _____ No _____

If yes, explain including dates:

Are there any charges pending as of today's date? Yes _____ No _____

If yes, explain including dates:

EDUCATION HISTORY:

High School: _____ **Where:** _____
Did you graduate? Yes _____ No _____ Degree _____

College/ Tech School: _____ **Where:** _____
Did you graduate? Yes _____ No _____ Degree _____

Other: _____ **Where:** _____
Did you graduate? Yes _____ No _____ Degree _____

FIREFIGHTING/EMS EXPERIENCE:List any firefighter or EMS experience you have:

Dates:	Department name:	Current supervisor:	Phone #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATIONS: _____
_____**EMPLOYMENT HISTORY:** (List past two employers starting with the most recent)

Employer: _____ **Position:** _____
Immediate Supervisor: _____ **Phone #:** _____
Dates Employed: From _____ to _____
Reason for leaving: _____

Employer: _____ **Position:** _____
Immediate Supervisor: _____ **Phone #:** _____
Dates Employed: From _____ to _____
Reason for leaving: _____

REFERENCES: (List two references – do not include relatives or employers)

_____	_____	_____	_____
Name	Telephone #	Relationship	Years Known
_____	_____	_____	_____
Name	Telephone #	Relationship	Years Known

I hereby authorize Waterford Fire Department to contact, obtain and verify the accuracy of information contained in this application from all present and past employers, educational institutions, and references. I also hereby release from liability Waterford Fire Department and its representatives for seeking, gathering, and using such information to make membership decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for termination of membership whenever it may be discovered. I also authorize Waterford Fire Department to conduct a complete criminal and traffic background check. I have read and fully understand the foregoing and I seek membership under these conditions. I understand that it is not the policy of this organization to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by A.D.A.

Applicant Signature_____
Date